



# The Rhode Island Justice Commission Grant Reimbursement Request and Fiscal Report (SF-260-R)

<b>Requesting Agency:</b>			
<b>Address:</b>		<b>Federal Employer ID# (FEIN):</b>	
<b>Grant Program Period:</b>		<b>Current Reporting Period:</b>	
<b>Grant Award #:</b>			
<b>From:</b>		<b>From:</b>	
<b>State M/B#:</b>			
<b>To:</b>		<b>To:</b>	
<b>Date Prepared:</b>			

<b>State Agency Use Only</b>	<b>Federal Grant #:</b>	
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## BUDGET SUMMARY

Projected Program Expenditures	Original Budget		Total Federal Previously Reimbursed	Total Previous Expenditures (Fed.+Match)	Current Reporting Period Expenditures		Total Federal Expenditures to Date	Total Match Expenditures to Date
	Federal Amount	Match Amount			Federal (RIJC)	Local (Match)		
A. Personnel								
B. Consult./Contracts								
C. Travel Expenses								
D. Supplies/Expenses								
E. Equipment								
F. Other Costs								
Totals								

**Authorized Agent** (Please Print)

**Signature** (Please Sign in Blue)

<b>Payment Request Amount</b> (Should equal current Federal Expenditures)	
\$	

RIJC/CBO Use Only	Final Payment	
	Partial Payment	

I, the above-signed, have reviewed this fiscal report and certify that the information contained herein is true and correct to the best of my knowledge. I hereby certify that this request for grant reimbursement is in full accordance with the approved project budget, as approved by the Rhode Island Justice Commission.

<b>RIJC/CBO Use Only</b>			
<b>Grant Manager Approval</b>		<b>Executive Approval</b>	
	<input type="checkbox"/> Progress reports are up to date		
	<input type="checkbox"/> Fiscal Report is accurate		
	<input type="checkbox"/> Expenditures detailed satisfactorily		<b>Routed to CBO:</b>
<b>Grant Program</b> *Note:			
<input type="checkbox"/> Byrne <input type="checkbox"/> VOCA <input type="checkbox"/> RSAT <input type="checkbox"/> JJDPA Formula    Other _____			
<input type="checkbox"/> LLEBG <input type="checkbox"/> VAWA <input type="checkbox"/> GTEAP <input type="checkbox"/> JJDPA Other _____			